

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

17349

1. PLACE OF DEATH

County St. Louis
Township Washington
City St. Louis (No.)

Registration District No. 875
Primary Registration District No. 6162

File No.
Registered No. 99
St. Ward

2. FULL NAME

Harry Afferman
(a) Residence No. St. Louis St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 15 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
75 D.K. D.K. — — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) D.K.
(STATE OR COUNTRY)

10. NAME OF FATHER D.K.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) D.K.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER D.K.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) D.K.
(STATE OR COUNTRY)

14. INFORMANT History taken by accompanying patient to Hospital
(Address)

15. FILED 6/6 1927 E. C. Thiering
REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 19 1927

17. I HEREBY CERTIFY, That I attended deceased from April 4 1927 to May 19 1927, that I last saw him alive on May 19 1927, and that death occurred, on the date stated above, at 1130 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Paralysis
82D 75 B (duration) 20 K. yrs. mos. ds.

CONTRIBUTORY General Paralysis
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? ✓

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) F. H. Maples, M. D.
May 17 1927 (Address) Nevada Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

State Hospital Cemetery 5/23 1927

20. UNDERTAKER ADDRESS

Ferry Funeral Home Nevada Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

60-1027

